



Nevada State Board of

# NURSING NEWS

July 2010

CNA Advisory  
Opinion on hours  
of employment

Board Prepares  
for Criminal  
Background Checks  
on Renewal

FATIGUE  
VS **SAFE  
NURSING**

Change in  
Application  
Questions



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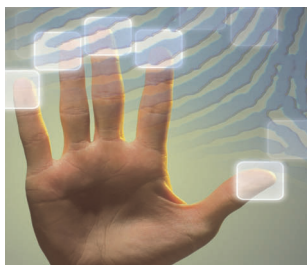
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## A message from the executive director

Debra Scott, MSN, RN, FRE

Your Board of Nursing is intent on our mission to protect the public. Each day that I serve in the position of executive director, I reflect on what that means and what does that look like. It may seem quite simple at first glance—the Board has the ultimate authority and

responsibility to advocate for patient safety. The vehicle for that advocacy is the regulation of the practice of nursing and the enforcement of the provisions of NRS and NAC chapter 632. This is the legislative declaration that created the Nevada State Board of Nursing.

How best then do we fulfill our mission? We attempt to speak to every nursing program cohort of students at some time during their nursing education. We have begun speaking to many nursing assistant programs, too. Our travels take us to the south, the north, and to the rural parts of our state. We indicate in our presentations that the NSBN regulates the practice of nursing by: setting minimum licensure and certification requirements, approving and monitoring the state's nursing programs and nursing assistant training programs, and by investigating and disciplining nurses and certified nursing assistants.

In addition, we utilize our resources to build nursing and interdisciplinary alliances throughout the state and nationally. We educate our licensees, certificate holders, consumers, and other stakeholders about the role of the NSBN, our authority, and the Nevada Nurse Practice Act. We actively monitor and intervene in legislative matters to protect Nevada's citizens and to support nurses in maintaining safe practice standards.

Board members and Board staff are actively involved in many groups, associations, committees, and other alliances with the primary purpose of protecting the public. Some of the work of the Board is accomplished through its advisory committees in the areas of education, nursing practice, advanced nursing practice, CNA scope and training, and with nurses afflicted with conditions that effect their

practicing the full scope of nursing, such as substance use disorders and mental health conditions. Nurses in our state are appointed to these committees by the Board and meet at least quarterly to consider nursing issues within the committee's purview. Practice decisions are created in the committees based on research and national nursing standards and then forwarded to the Board for adoption. Nurses around the state are actively involved in the regulation of our profession through this venue.

Board members and staff are involved in external groups such as the Nevada Nurses Association (NNA), the Nevada Organization of Nurse Leaders (NONL), Nevada Hospital Association's Nursing Institute of Nevada (NIN), the Nevada Nursing Education and Practice Alliance (NNEPA), the Chief Nursing Officer (CNO) Council, Nevada Attorney General's Blue Ribbon Task Force, the Southern Nevada Medical Industry Coalition (SNMIC), the Northern Nevada Nurses of Achievement committee, and the Southern Nevada Society for Healthcare Education and Training (SNSHET), among others.

Nationally, Board members and staff serve on the National Council of State Boards of Nursing Board of Directors and its various national committees.

One point of this discussion is to inform you that your nursing fees support this effort on a daily basis. Nevada's licensure and certification fees are approximately the average of what is charged by regulatory boards nationwide—\$50 per year for RN and LPN licensure, \$25 per year for CNA certification, and \$100 per year for APN certification. RN licensure fees have not increased for more than 13 years and will not increase for the foreseeable future.

More importantly, the point of this discussion is to encourage you to talk to us, to keep us informed of how we can work with you toward improving patient safety. Communication, the sharing of ideas, and striving to enhance the pivotal role that nurses have in the delivery of healthcare is key to providing an environment where the citizens of Nevada can achieve optimal health. I appreciate your willingness to participate with your Board of Nursing, its Board members and its staff.

There is so much more to nursing regulation than discipline. Much of what we do now is more proactive; working to prevent events from occurring that would require Board of Nursing intervention. In my last article, I discussed the importance of communication in preventing medical errors. I would like to now discuss something that every nurse can do on a daily basis to also be proactive in providing safe nursing care.

While I was on vacation, attempting to prepare this column, I met a young man in Kauai who had just graduated from his nursing program and was preparing to take the NCLEX Exam. We sat for about 2 hours, just talking about concerns he had. I answered his many questions, and felt that it had been a good meeting. Then it occurred to me; no matter where we go, no matter what we are doing, a nurse is always "on duty" and should always respond to the opportunity to mentor new nurses.

Mentoring is something I seem to have been doing throughout my entire nursing career. Some examples: Twenty-two years ago, I mentored my niece into nursing, and she is still a very competent, active nurse. When I was working in the private sector, I met a young woman who had two bachelor's degrees, and was complaining that she couldn't find a job. I encouraged her to enter an accelerated second degree nursing program and she has been working in healthcare for the past 5 years. My bank teller told me she was interested in nursing and she just graduated this past semester. It was with great joy when she texted me she had passed her NCLEX exam! I volunteered for a local community college nursing mentoring program and my mentee

## MENTORING: It's Inherent in Our Profession

### Words from the president

Doreen Begley, MS, RN



from Hug High School just graduated. I met her parents at the graduation ceremony and they told me she is the first person in their family to graduate from high school. She has not yet chosen a career, but she does plan to continue on to college. Another update, the young man in Kauai has just passed his NCLEX exam.

Nursing is lifelong learning and, as experienced nurses, it should be a natural part of our daily nursing performance to share our knowledge with newer nurses. Providing safe nursing care is a team effort and we all need to work together towards that common goal. I'm sure many of you have been unofficial mentors on a daily basis, but there is much to be said for participating as a mentor in a more formal arrangement. The Nevada Nurses Association is forming a "New Nurse" practice group to help new nurses transition to practice. I'm sure there are many opportunities throughout our state to become involved as a formal or informal mentor. Remember, we are all in this together and it is when we work together that errors can be avoided and safe nursing practice is delivered.

# BOARD PREPARES FOR CRIMINAL BACKGROUND CHECKS ON RENEWAL

The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing. This mission is at the core of all Board policies and steers the decision making process. One of the many ways the mission is supported is during both initial and renewal processing of applications for licensure/certification.

In 1994, the Board began fingerprinting all initial applicants for licensure for criminal background checks. In addition, all nurses and nursing assistants must answer the following screening question on initial and renewal applications submitted to the Board: "Have you ever (or, Since your last renewal have you...) had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?" Statistics suggest that during the past five years approximately 10% of all initial nurse applicants and 22% of all initial CNA applicants have a positive criminal background. These are the known numbers based on the criminal background results and self-reports to the Board. How many applicants should be reporting positive criminal backgrounds on renewal applications is a question that up to now cannot be answered. Beginning in approximately September 2010, the Board will require renewal applicants identified by the Board to complete a criminal background. The Board will begin with those who were initially licensed/certified by the Board prior to January 1, 2000. However, eventually all renewal applicants will be subject to criminal background checks periodically as directed by the Board. Please review the following questions and answers for more details.



## How will I know I need to fingerprint for the Board?

Board staff will send a notice to your address of record.

## But if I don't receive a notice, how will I know I need to do this?

You must check the Board's on-line license verification system at [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us). If your license or certificate is only renewed for six-months, you should contact the Board immediately for further instructions and information.

## Will my license or certificate remain active during this process?

Your license or certificate will only be renewed for six months to allow for

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## BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

## BOARD MEETING DATES

**July 21-23, 2010 – Zephyr Cove**

**September 15-17, 2010 – Las Vegas**

**November 17-19, 2010 – Reno**

**January 12-14, 2011 – Las Vegas**

## ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for an appointment to fill an upcoming opening, please visit the Board's website or call the Reno office for an application.

## MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

Advanced Practice Advisory Committee

August 24, 2010

November 9, 2010

February 15, 2011

CNA Advisory Committee (two)

July 15, 2010

October 21, 2010

January 6, 2011

Disability Advisory Committee (none)

October 22, 2010

Education Advisory Committee (none)

August 20, 2010

October 15, 2010

January 28, 2011

Nursing Practice Advisory Committee (none)

August 3, 2010

October 5, 2010

December 7, 2010

## BOARD TALK

### COME TALK TO THE BOARD

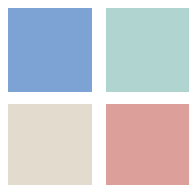
During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens the first day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

### WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.



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### CHANGE OF ADDRESS FORM

▲ NAME (LAST, FIRST, MIDDLE) ▲

▲ TYPE OF LICENSE ▲

▲ LICENSE NUMBER ▲

▲ DATE OF BIRTH ▲

▲ FORMER ADDRESS ▲

▲ CITY, STATE, ZIP CODE ▲

▲ CURRENT ADDRESS ▲

▲ CURRENT ADDRESS ▲

▲ CITY, STATE, ZIP CODE ▲

▲ TELEPHONE # ▲

▲ SIGNATURE ▲

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# Board Adopts Advisory Opinion for CNA Hours of Employment for Renewal of Certificates

By Chris Sansom, *Director of Operations*

All licensees and certificate holders attest on their renewal applications that they have met the continuing education and/or training and employment requirements for renewal of licensure/certification. Board staff conducts random audits of no less than 5% each of all active APNs/RNs/LPNs and CNAs to verify compliance with these requirements. Investigations are generated for those applicants who do not submit evidence of compliance when audited.

Certificate renewal for CNAs requires an attestation of completion of 24 contact hours of continuing education, and the name and license number of the nurse who would verify 40 hours of employment as a CNA under their direction. Random audits as described above are conducted monthly. Staff has witnessed a steady increase in the variety of job descriptions/positions that are being submitted to the Board as a result of CNA employment audits. It is apparent that there is confusion regarding the CNA role and scope of practice.

As a regulated practice, CNAs must work under the direction of a licensed nurse within the scope of practice of a CNA. The Board's CNA Advisory Committee reviewed and addressed this issue during its meetings and submitted a proposed advisory opinion to the Board. The Board approved the following advisory opinion that is in full force and effect for all CNAs.

## NEVADA STATE BOARD OF NURSING ADVISORY OPINION QUALIFICATIONS FOR CERTIFIED NURSING ASSISTANT HOURS OF EMPLOYMENT FOR RENEWAL OF CERTIFICATES

It is the opinion of the Nevada State Board of Nursing that a person who is certified as a nursing assistant in Nevada, is working under a title other than CNA, and is performing duties other than those identified in the CNA model curriculum is not practicing as a CNA.

Certified Nursing Assistant (CNA) practice is regulated by the Board of Nursing. A person who practices as a CNA in the State of Nevada must demonstrate minimal eligibility requirements for renewal of the certificate that are consistent with federal laws governing the nursing assistant registry, including but not limited to:

- Twenty-four hours of continuing education within the CNA scope of practice; and
- Forty hours of employment as a CNA within the scope of practice as defined in the Nurse Practice Act and outlined on the CNA Skills Guidelines.

The Nevada State Board of Nursing has previously opined that CNAs may perform tasks which are beyond those listed in the CNA Skills Guidelines if they complete additional training and have documented competencies, as long as the task is assigned pursuant to NAC 632.222, and NAC 632.224 by a licensed professional nurse. Supervision requires the RN to ascertain that the task:

- Is considered safe and routine for the specific client,
- Poses little potential hazard for the client,
- Can be performed with a predictable outcome,
- Does not require assessment, interpretation or decision-making while being performed,
- Involves a limited degree of potential client discomfort,
- Does not require a substantial amount of scientific knowledge and technical skill, and
- The task does not require a nursing license to perform.

Most importantly, the RN always maintains accountability for the overall provision of nursing practice, being responsible for the ongoing supervision and evaluation of the assigned task following the accepted standard of care which would be provided by a

reasonable and prudent nurse.

It is the opinion of the Nevada State Board of Nursing that hours of employment obtained outside of the defined scope of practice do not constitute CNA practice. The use of titles and/or job descriptions including, but not limited to, the following are considered to be unlicensed assistive personnel and not within the CNA scope of practice and these will not be considered as hours to meet the renewal requirement:

1. EKG and/or monitor clerk/technician
2. Patient Care Technician
3. ICU/CCU/ER/OR/Mental Health/Cardiology or other unit clerk/technician
4. Unit Clerk/secretary and/or Health Unit Coordinator
5. Personal Assistant/Personal Care Assistant/Companion
6. Supportive Living Arrangement Aide
7. Medication Aide/Assistant
8. Restorative Aide
9. Private duty aide/caregiver

Rationale:

Nursing assistants are certified by the Nevada State Board of Nursing and perform specific tasks and skills consistent with their training and documented competency. CNA practice is under the regulatory authority and oversight of the board to ensure public protection and safety. Unlicensed assistive personnel (ULAPs) do not work under any regulatory oversight or authority. There should be no confusion to the public, to employers, to the nursing assistant or to their supervising licensed nurses regarding what constitutes the legal scope of practice of the CNA.

References:

NRS 632.342 Renewal of certificate  
42 CFR Ch.IV Code of Federal Regulations  
Approved by the Nevada State Board of Nursing: 3/18/10

# FATIGUE VS **SAFE NURSING**

By Roseann Colosimo, RN, PhD

For those of you old enough to remember the Hill Street Blues Television series, the program started with the Sergeant giving assignments and then as officers left for patrol, he would always say, "let's be careful out there!" Patient Safety is a national issue because errors are responsible for significant morbidity and mortality in healthcare. In 2008, Janice Ellis authored the white paper for the Washington State Nurses Association titled Quality of Care, Nurses' Work Schedules and Fatigue. She describes today's healthcare

"The modern health care environment includes increased demands regarding improving patient care outcomes at the same time it is facing a serious nursing shortage. ...These aspects coupled with the increased acuity of patients and complexity of care set the stage for fatigue in nurses and increased errors affecting patients." (Ellis 2008)

Evidence is present both in general occupational and nursing studies that the effects of fatigue on performance are manifested by decreased alertness, vigilance, concentration, judgment, mood and performance. So fatigue interferes with the performance of safe nursing practice. A study of critical care nurses and errors recommended that the use of 12-hour shifts should be minimized and no more than 12 hours should be worked in a 24-hour period. (Scott et al 2006)

The nation is seeing more criminal prosecutions of healthcare providers. Increases in criminal cases that involve nurses should help you to rethink your risky practices. The new Journal of Nursing Regulation which had its first publication April 2010 has an article "Medication Errors and Criminal Negligence: Lessons from Two Cases" by Stephen Hurley JD and Marcus Berghahn JD. The article summarizes the lessons of what transforms ordinary negligence into criminal negligence involving the following factors:

- Vulnerable patients including those especially young or old.
- Inattention by the healthcare provider, excessive fatigue that affects a nurse's judgment, bypassing safety systems and failing to follow the "five rights"
- Obtaining medication in anticipation of a physician's order
- Administering or altering the administration method in a manner outside the scope of one's practice (Hurley & Berghahn 2010)

Many times nurses are in denial about the effect of fatigue or that as long as they meant well in working an extra shift nothing bad can happen. This is not true. The family and legal system do not look at good intentions when a patient is harmed. The family sees the patient harmed by the nurse working hours that national safety standards would not let truck



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# Board Member Profile: *Dr. Tish Smyer*

I am pleased and honored to be the RN member of the Nevada State Board of Nursing (NSBN) from Las Vegas and at the same time the Associate Dean for Academic Affairs at the University of Nevada, Las Vegas (UNLV) School of Nursing (SON). Both of these roles are very different yet compatible and allow me to give back to the nursing profession. The NSBN is regulatory in nature; the SON focuses on education and producing the next generation of nurses. As a member of the NSBN, I am one member of a seven member board with the primary mission of protecting the public. My work with the board is very exciting because it enables me to work with nurses in practice and education across the state. By supporting nurses in safe practice and being a patient advocate, I believe I am contributing to both patients and the nursing profession.

The NSBN work informs my practice as an educator as I meet and interact with nursing professionals in the state. I learn something new at each board meeting! I continue to have profound respect for the nursing professionals who go to the clinics, hospital units, patient homes, schools and nursing education facilities. I love my profession and respect each of you for what you bring to the nursing profession.

Those of you that know me understand my passion related to the academic maturation of the nursing workforce in Nevada. Hopefully, each of you recognize and acknowledge your own professional "passion". That is what keeps us going. I get to write about mine now.

The Tri-Council for Nursing's new consensus policy statement, Educational Advancement of Registered Nurses: A Consensus Position (2010) clearly states nurses play a pivotal role in healthcare

delivery and through advanced education the safety and quality of healthcare can be increased. The Tri-Council is composed of the American Association of Colleges of Nursing, American Nurses Association, American Organization of Nurse Executives, and National League for Nursing. The Tri-Council calls for increased educational opportunities for advancement to the baccalaureate level and then to the graduate level. This is to meet the demand for Advanced Practice Registered Nurses (APRNs), nurse educators and researchers.

Historically, nurses have had the vision and passion to provide services to populations in need, such as Mary Breckenridge with midwifery, Lillian Wald with community health, Margaret Sanger with Planned Parenthood, and Florence Nightingale in both military nursing and nursing education (Cronenwett & Dzau, 2010). Now, with the crisis in our healthcare delivery system, especially related to primary care, we are seeing nurses once again stepping up to fill roles to deliver much needed quality care. But to do this, we have to have an academically prepared nursing workforce who can move into these arenas rapidly. That means getting the right academic credentials to move forward into the APRN, nurse educator and researcher roles.

Returning to school is not an easy decision. The competing demands of our usual world overwhelm the best of us. I was a practicing nurse for 13 years before I decided to return to school (right along with my youngest daughter who was starting first grade!). With three daughters, a long commute to UCLA, and working part-time I look back and truly wonder how I did it. Online programs were not available in those days. It also cost a lot. But it was the best investment I could have made for my

career. I got so much from my advanced degrees by being able to interact with other professionals, finding out just how problems can be solved from very diverse approaches, and most importantly, renewing my respect for the profession of nursing. I believe I was close to burn out and going back to school was the perfect antidote.

Aside from the personal fulfillment advanced education may bring us as a professional, this really is a bigger issue. It is about providing healthcare to the citizens of Nevada and as nurses we are uniquely qualified to deliver quality healthcare. RNs in Nevada are working hard and have a tremendous responsibility. For some this is enough and the effort is deeply appreciated. However, for others, the prospect of contributing to nursing and healthcare might just be in a different arena and advanced nursing education is a way to get there.

Thank you for the opportunity to serve on the board. The board members I work with are dedicated and intelligent individuals who hold fast to the idea that nursing can profoundly influence healthcare. And once again, thanks for all you do every day for the profession of nursing and the citizens of Nevada.

Cronenwett, L. & Dzau, V. (2010) In: Culliton, B., Russell, S. editors. *Who Will Provide Primary Care and How will they be trained?* Proceedings of a Conference Sponsored by the Josiah Macy, Jr. foundation; Durham, NC: Josiah Macy, Jr. Foundation.  
Tri-Council for Nursing (2010). *Educational Advancement of Registered Nurses: A Consensus Position*. Retrieved from: <http://www.aacn.nche.edu/Education/pdf/TricouncilEdStatement.pdf>

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drivers or pilots work.

The truck driver causing an accident because of fatigue is the same as the nurse giving wrong medication or not being vigilant to signs and symptoms of distress in the patient because of fatigue. The American Nurses Association states it is the ethical responsibility of the nurse to understand fatigue and not to practice when fatigue compromises safety and competency.

So "let's be careful out there!"

## References:

- Ellis, J.R. (2008), *Quality of Care, Nurses' Work Schedules, and Fatigue: A white Paper*, Seattle: Washington State Nurses Association.
- Hurley, S.P. & Berghahn, M.J. (2010) *Medication Errors and Criminal Negligence: Lessons from Two Cases*. *Journal of Nursing Regulation*. Vol 1, 39-43.
- Scott, L.D., Rogers, A. E., Hwang, W-T, & Zhang, Y (2006) *Effects of critical care nurses' work hours on vigilance and patient safety*. *American Journal of Critical Care*.15,20-37 CE.

# CHANGE IN APPLICATION QUESTIONS

By Amy Clark, RN, BSN

As many, hopefully all of you are aware; the mission of the Board is to protect the public. Part of how the Board protects the public is by asking screening questions with initial applications and on renewal applications for licensure or certification.

Another quality that the Board strives to achieve is providing excellent customer service. In providing this service we listen to concerns about processes or items that may be confusing. One concern

that seemed to be frequently voiced was: "What license are you talking about in question #1, my driver's license?" Other concerns with this question were that applicants didn't think the question applied to a certificate that was held previously, now that they are requesting licensure; or the applicant didn't think the non-disciplinary program they were in, in another state, needed to be reported. In an effort to clarify these questions, the Board

decided to change the wording of question #1.

Previously, question #1 read, "Has your license in Nevada or any other state ever been denied, revoked, suspended, reprimanded, fined, surrendered, limited, restricted, or placed on probation (including a non-disciplinary program); or is any investigation, complaint, or action pending?"

Question #1 now reads, "Has your occupational or professional license or privilege to practice, registration, or certificate of any level ever had any disciplinary action taken or initiated against it in any jurisdiction, or have you participated or are currently participating in a non-disciplinary program? (Does not include driver's license or car registration)."

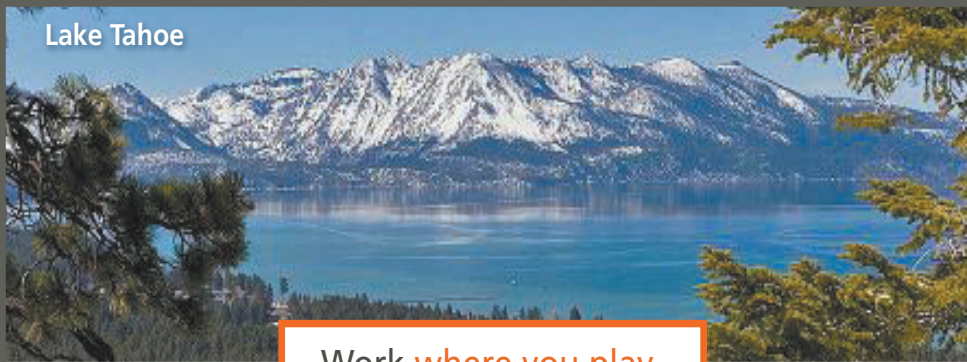
What is the Board looking for? We want to know if ANY professional license/certificate/registration, or if any licensing body has taken action against your license/certificate or privilege to practice in any field that is regulated, and either disciplinary or nondisciplinary action. This would include, but not limited to professions such as nursing, massage therapy, realtors, beauticians, and any other regulated profession.

Another common question that we have received is, "I had been issued a notice of complaint/investigation, but I don't know what is going on with it, I think its still being investigated. Do I need to report this?" And the answer is, "Yes", any current investigation that is being conducted related to your professional license needs to be reported. Failing to disclose a current investigation or past action (disciplinary or non-disciplinary), may result in disciplinary action being taken against your license by the NSBN, up to and including denial of application of revocation or licensure/certification.

Each case is investigated on an individual basis. However, if the action that was taken against your license occurred within the last 5 years, or you are currently under investigation, there will be a delay in the processing of your application. Your application may need to be presented to the NSBN for disposition.

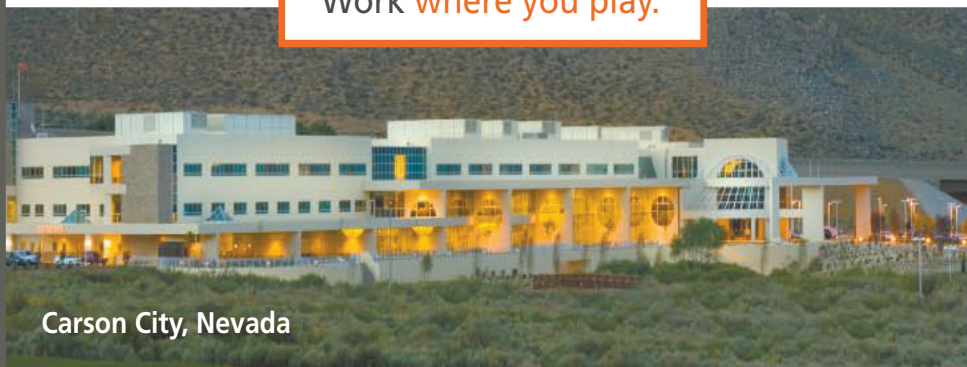
Hopefully the revised wording of Question #1 on the Board's applications will help clarify any questions that you may have had when applying for or renewing your license/certification. If you have further questions, Board staff are available Monday through Friday to respond.

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# Nevada Nurses Association Presents First Annual Student Nurse Competition

By Tracy L. Singh, RN, JD,  
NNA President

As President for NNA, and as Chair for the NNA Continuing Education Committee, I would like to personally congratulate the students from University of Southern Nevada for winning the First Annual NNA Student Nurse Competition. The winning Nursing Students, Jana McKee, Garielle Martinez, Tamika Moore and Elsie Yamane appeared before the Nevada State Board of Nursing on Wednesday, May 19, 2010. The Board was delighted to have the students, Dean Smith and some of the faculty as guests commenting on how wonderful it was to start their meeting on such a positive note. They were very impressed by the students' presentation praising their obvious time and dedication to the project.

Dr. Roseann Colosimo, Education Consultant for NSBN was also impressed with the students' presentation and suggestion to require a course dedicated to the specific needs of the elderly population in all Nevada Nursing School Programs over the next five years. She invited the students to the next NSBN Education Committee meeting to discuss their idea further.

All teams were judged based on their level of professionalism, the quality of the topic selected and the feasibility of the solution they presented. While several schools expressed interest in joining the competition, only three schools made it to the finals: National University, Touro University and the University of Southern Nevada. All presentations were exceptional and the judges had a difficult time choosing the best presentation. However, based on the criteria provided, USN was the clear winner.

Many students expressed that they felt they needed additional time to develop a quality presentation and were looking forward to next year's competition. As a result, we have already launched the Second Annual NNA Student Nurses Competition and we invite all schools to select their teams for the finals. The rules and deadlines have been sent to each of the schools via email and additional information is available on our website at [www.nvnurses.org](http://www.nvnurses.org).

Special thanks go out to Debra Scott, Executive Director and the Nevada State Board of Nursing for providing the students with such a wonderful opportunity and for sharing their enthusiasm with the future nurse leaders of Nevada. This was an exciting event and we look forward to all schools' participation in the NNA Student Nurse Competition in 2011.



<< continued from page 5

processing of the criminal background report. Fingerprint immediately when noticed to avoid a lapse in licensure.

## Can I ask for an extension of the six-month renewal?

No. The six-month renewal will not be extended except under very limited and restricted circumstances.

## Can I just submit my fingerprints now and be done with this requirement?

No. We want to ensure that each applicant is given adequate time for the Criminal History Repository and the FBI to complete the report and for Board staff to receive and process the information. Only those fingerprint results which have been requested

by the Board will be accepted to complete this requirement.

## What if I realize now that I did not answer the question regarding criminal convictions correctly on previous applications?

The Board will review each criminal background to determine if there has been a violation of the Nevada Nurse Practice Act that may subject the applicant to discipline. The following documents must be submitted to the Board:

- Copies of all court documents to include what you were charged with, what you were found guilty of, or pled guilty or no contest to, and the court requirements you had to complete and evidence that you completed them;
- A letter from your parole officer if applicable;

- A detailed (who, what, where, when, why) letter of explanation regarding the arrest, the conviction and court outcome; and
- A letter of reference from your current or last employer.

## Do I need to come to a Board office to complete my fingerprints?

No, but you must have your fingerprints completed utilizing the code numbers provided by the Board. You may go to any provider authorized to submit fingerprints to the Department of Public Safety. It is strongly recommended that whenever possible you choose a site that has the ability to submit your fingerprints by LiveScan. To see a list of private and law enforcement fingerprint sites visit [www.nvrepository.state.nv.us/fingerprints.shtml](http://www.nvrepository.state.nv.us/fingerprints.shtml)



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8:30 am – 4:30 pm

Keynote Speaker: Nancy Spector, PhD, RN  
Director, Regulatory Innovations  
National Council of State Boards of Nursing

Cost: Donation to the Nevada Nursing Education and Practice Alliance, \$20.00 for licensed nurses / \$10.00 for student nurses

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Reno, NV 89502

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OR

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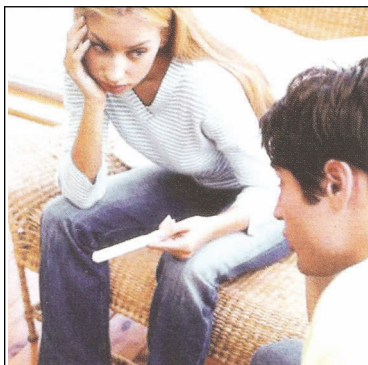
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# NURSING NEWS

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Nursing Practice Questions

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International Nurse Graduates and Licensure  
Issues  
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CNA Certification and Renewals  
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